

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

No

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

No

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title ::

SYSTEM AND METHOD FOR ADAPTIVE
MEDICAL IMAGE REGISTRATION

Attorney Docket Number::

59673-31

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

9

Small Entity?::

Yes

Petition included?::

No

Petition Type::

Licensed U.S. Gov't Agency::

No

Contract or Grant No::

Secrecy Order in Parent Appl.?::

No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Chris
Middle Name:: H.
Family Name:: Wood
Name Suffix::
City of Residence:: North Bend
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 970 SW 11th Place
City of mailing address:: North Bend
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98045

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Tanya
Middle Name:: L.
Family Name:: Niemeyer
Name Suffix::
City of Residence:: Seattle
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 1218 NE Ravenna Boulevard

City of mailing address:: Seattle
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98105

Correspondence Information

Correspondence Customer Number :: **22504**

Representative Information

Representative Customer Number::		22504
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Confirma, Inc.
Street of mailing address::	821 Kirkland Avenue
City of mailing address::	Kirkland
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98033

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